

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/139,023	08/24/98	395	2781	101412
APPLICANT	KAZUNARI TAKI, NAGOYA-SHI, JAPAN; TSUYOSHI OHASHI, NAGOYA-SHI, JAPAN.			
	CONTINUING DOMESTIC DATA*** VERIFIED _____			
	371 (NAT'L STAGE) DATA*** VERIFIED _____			
	FOREIGN APPLICATIONS*** VERIFIED			
	JAPAN	9-230810	08/27/97	
	JAPAN	9-236299	08/01/97	
	JAPAN	9-236300	09/01/97	
	JAPAN	9-236301	09/01/97	
	JAPAN	9-236302	09/01/97	
	JAPAN	9-23603	09/01/97	
Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS
Verified and Acknowledged	Examiner's Initials _____ Initials _____	JPX	48	27
INDEPENDENT CLAIMS	6			
ADDRESS	OLIFF & BERRIDGE P O BOX 19928 ALEXANDRIA VA 22320			
	DOCUMENT INFORMATION COMMUNICATING SYSTEM			
TITLE				
FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	
\$1,190				

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/139,023	08/24/98	358	2724	101412

APPLICANT KAZUNARI TAKI, NAGOYA-SHI, JAPAN; TSUYOSHI OHASHI, NAGOYA-SHI, JAPAN.

CONTINUING DOMESTIC DATA***
VERIFIED

371 (NAT'L STAGE) DATA***
VERIFIED

FOREIGN APPLICATIONS***

VERIFIED	JAPAN	9-230810	08/27/97
	JAPAN	9-236299	09/01/97
	JAPAN	9-236300	09/01/97
	JAPAN	9-236301	09/01/97
	JAPAN	9-236302	09/01/97
	JAPAN	9-236303	09/01/97

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/08/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	Examiner's Initials _____ Initials _____	JPX	48	27	6

ADDRESS OLIFF & BERRIDGE
P O BOX 19928
ALEXANDRIA VA 22320

TITLE DOCUMENT INFORMATION COMMUNICATING SYSTEM

FILING FEE
RECEIVED

\$1,190

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
NO. _____ for the following:

- ☐ All Fees
- ☐ 1.16 Fees (Filing)
- ☐ 1.17 Fees (Processing Ext. of time)
- ☐ 1.18 Fees (Issue)
- ☐ Other _____
- ☐ Credit